

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES
DIVISION OF SENIOR AND DISABILITIES SERVICES

SEAN PARNELL, GOVERNOR

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Program Memo

Emergency Consideration for Home and Community Based Waiver Services

August 27, 2009

On June 26, 2009, the federal Centers for Medicare and Medicaid Services (CMS) placed a temporary hold on new applications to the Home and Community Based Waiver programs.

The state Division of Senior and Disabilities Services (SDS) continues to work in coordination with CMS to improve compliance with federal standards in the areas of Home and Community Based Waivers.

CMS has now granted the state Department of Health and Social Services' request to allow an exception to the temporary hold for emergency cases. The moratorium remains in effect for non-emergency applications to the waiver programs.

Approved emergency circumstances include:

- Applicant has an explicit terminal diagnosis;
- Death of the applicant's primary caregiver within the previous 90 days;
- Current emergency absence of the primary caregiver due to either hospitalization or medical/family emergency travel;
- Applicant's anticipated discharge from an acute care facility within 7 days;
- Adult Protective Services intake related to abandonment, abuse, exploitation, neglect or self-neglect of a the applicant (who is a vulnerable adult) that is within the previous 30 days; or
- Office of Children's Services (child protective services) intake related to abuse and neglect of the applicant (who is a minor child) that is within the previous 30 days.

Additional information about these circumstances is outlined in *Request for Emergency Consideration for Home and Community Based Waiver Documentation Requirements*. All requests for consideration of one or more of the above circumstances must be submitted to SDS on the *Request for Emergency Consideration for Home and Community Based Waiver* form and must be accompanied by required supportive documentation. Anyone with the applicant's permission may submit this information on an applicant's behalf by faxing to (907) 269-3688, Attention Kalin Padares, Office Assistant. No other form

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requesting emergency application will be considered for this process, which applies only to the waiver programs.

Submission of the *Request for Emergency Consideration for Home and Community Based Waiver* serves as an application and request for services through one of the Home and Community Based Medicaid Waivers administered by SDS. Eligibility criteria as outlined in 7 AAC 43.1010 must still be met, but this emergency process is in lieu of normal application forms and/or Developmental Disabilities Registry process.

Within one business day of receipt of a request, SDS will determine if criteria is met to proceed with an emergency application. Most approved requests will have an assessment completed within 72 hours of receipt of a request. Outlying areas can expect an assessment completed within five business days of receipt of a request.

An additional SDS staff person will attend the assessment with the assessor with the intent to assist the care coordinator in writing and approving a plan of care in conjunction with the assessment. In the absence of an identified care coordinator, SDS will act as the care coordinator until it can assist the recipient in locating one. SDS will follow up with the care coordinator to ensure that providers are identified, and all approved services are implemented within 15 days of determining the applicant is eligible.

Your questions about the emergency consideration process may be directed to Marcy Rein at marcy.rein@alaska.gov or 269-3610. Your questions about other aspects of the CMS response may be directed to Angela Salerno at 465-4874 or angela.salerno@alaska.gov.



Rebecca Hilgendorf, Director

State of Alaska Department of Health and Social Services
Senior and Disabilities Services

Request for Emergency Consideration for Home and Community Based Waiver

Complete both pages and fax request and documentation to (907)269-3688, Attention Kalin Padares, Office Assistant.

Applicant Information:

Full Legal Name:

Date of Birth:

Medicaid Number (copy of coupon must be attached):

Current Physical Address:

Mailing Address:

City:

Zip Code:

Daytime Phone Number:

Application for:

- ☐ Older Alaskans Waiver
- ☐ Adults with Physical Disabilities Waiver
- ☐ Mental Retardation and Developmental Disabilities Waiver
- ☐ Children with Complex Medical Conditions Waiver

Applicant's Legal Representative Name:

Representative Type:

- ☐ Guardian (copy of court paperwork must be attached)
- ☐ Power of Attorney
- ☐ Parent of a Minor Child

Mailing Address:

City:

Zip Code:

Daytime Phone Number:

Authorization for Release of Information completed within previous 12 months:

- ☐ Attached
- ☐ Previously submitted date:

Requestor Information:

Date of Request:

Name of person completing form:

Relationship to applicant:

Daytime Phone Number:

Fax Number:

I certify that the information provided here is current and correct to the best of my knowledge.

Requester Signature

Date:

Proceed to next page.

State of Alaska Department of Health and Social Services

Senior and Disabilities Services

Request for Emergency Consideration for Home and Community Based Waiver

Reasons for request (check all that apply and ensure required additional information is included):

- ☐ Applicant has an explicit terminal diagnosis (signed/dated physician certification of prognosis of six months or less if the illness runs its normal course attached).

- ☐ Death of the applicant's primary caregiver within the previous 90 days

Caregiver name:

Relationship to applicant:

Date of death:

Amount, frequency, and type of care giving provided to applicant:

- ☐ Emergency absence of the primary caregiver due to either

- ☐ Hospitalization (signed/dated healthcare practitioner confirmation attached), or

- ☐ Medical/family emergency travel

Caregiver name:

Relationship to applicant:

Current contact phone #:

Date of travel:

Date of anticipated return:

Nature of emergency/illness:

Amount, frequency, and type of care giving provided to applicant:

- ☐ Anticipated discharge from an acute care facility within 7 days (healthcare practitioner confirmation attached)

- ☐ Adult Protective Services referral (all boxes below must be checked)

- ☐ Intake is within previous 30 days, and

- ☐ Applicant is not in a safe living environment with adequate supports, or in a hospital, nursing home, ICF/MR, psychiatric facility, or correctional facility, and

- ☐ Applicant not at risk for harm by remaining in a home with support services provided through the waiver program. (Attach a brief case summary (250 words or less)).

Caseworker name:

Contact phone:

- ☐ Office of Children's Services referral (all boxes below must be checked)

- ☐ Intake is within previous 30 days, and

- ☐ Applicant is not in a safe living environment with adequate supports, or in a hospital, nursing home, ICF/MR, psychiatric facility, or correctional facility, and

- ☐ Applicant not at risk for harm by remaining in a home with support services provided through the waiver program. (Attach a brief case summary (250 words or less)).

Caseworker name:

Contact phone:

Request for Emergency Consideration for Home and Community Based Waiver Documentation Requirements

Submission of this request serves as an application and request for services through one of the Home and Community Based Medicaid Waiver administered by Senior and Disabilities Services. Waivers offer the choice of home and community based services in lieu of institutional care to persons who meet eligibility criteria in 7 AAC 43.1010.

To request consideration for a Waiver the following must be submitted to SDS by fax (907) 269-3688, Attention Kalin Pedares, Office Assistant :

- Application form (no other forms may be submitted in lieu of this form)
 - All fields on page 1 must be completed. Mark n/a as applicable.
 - The applicant must meet financial eligibility requirements for these services as determined by Division of Public Assistance.
 - A copy of the applicant's Medicaid coupon must be attached.
 - A Declaration/Denial of Asset Transfer (MED3) form will be completed at the assessment.
 - A copy of the applicant's latest bank statement (within past 30 days) must be available at the assessment.
 - Services cannot be provided until Medicaid eligibility is determined.
 - If the applicant has a legal guardian, court paperwork must be attached.
 - If the applicant has a legal guardian or is a minor child, the guardian or parent must be available to attend an assessment as needed and sign needed additional documents related to determining eligibility and development of a service plan.
 - Individual submitting request on behalf of applicant must sign page 1. If applicant is submitting request themselves, they must sign page 1.
- Authorization for Release of Information completed within previous 12 months
 - Must allow SDS to provide and receive information necessary to determine emergency consideration request as well as process application for services and eligibility determination.
- Documentation supporting one or more of the qualifying circumstances or conditions:
 - Terminal Diagnosis
 - Defined: Applicant has an explicit terminal diagnosis certified by a physician stating that the applicant's prognosis is expected to be six months or less. A life threatening condition is not necessarily terminal.
 - Contemporaneous documentation that at minimum includes:
 - Signed by a licensed physician. Nurse practitioners or physician assistant signatures will not be accepted.
 - Dated later than June 1, 2009
 - Diagnosis
 - Statement of prognosis of six months or less if the illness runs its normal course
 - Contact phone number for possible confirmation or clarification
 - Death of the applicant's primary caregiver within the previous 90 days
 - Primary Caregiver Defined: An unpaid individual that is responsible for providing the majority of personal care and/or supervision to the applicant.
 - Application form with signed attestation of accuracy that includes:
 - Caregiver name
 - Relationship to applicant
 - Date of death
 - Amount, frequency, and type of care giving provided to applicant
 - Current emergency absence of the primary caregiver due to either hospitalization or medical/family emergency travel
 - For hospitalization

Request for Emergency Consideration for Home and Community Based Waiver Documentation Requirements

- Contemporaneous documentation that includes:
 - Signed by a licensed physician, advanced nurse practitioner or physician assistant.
 - Dated
 - Date and place of admission
 - Diagnosis and reason for hospitalization
 - Date of projected discharge
 - Contact phone number for possible confirmation or clarification
- Application form that includes:
 - Caregiver name
 - Relationship to applicant
 - Amount, frequency, and type of care giving provided to applicant
- For medical/family emergency travel
 - Application form with signed attestation of accuracy that includes:
 - Caregiver name
 - Relationship to applicant
 - Current contact phone #
 - Date of travel
 - Date of anticipated return
 - Nature of emergency/illness
 - Amount, frequency, and type of care giving provided to applicant
- *Anticipated discharge from an acute care facility within 7 days*
 - Acute Care Facility Defined: A licensed setting providing short term services to clients with physical or psychological conditions such as a hospital or Alaska Psychiatric Institute.
 - Contemporaneous documentation that includes:
 - Signed by a licensed physician, advanced nurse practitioner or physician assistant
 - Dated
 - Date and place of admission
 - Diagnosis and reason for hospitalization
 - Date of projected discharge
 - Contact phone number for possible confirmation or clarification
- *Adult Protective Services referral*
 - Appropriate Referral Defined:
 - Intake related to abandonment, abuse, exploitation, neglect, or self-neglect of a vulnerable adult that is within previous 30 days **and**
 - applicant is not in a safe living environment with adequate supports, or in a hospital, nursing home, ICF/MR, psychiatric facility, or correctional facility **and**
 - applicant is not at risk for harm by remaining in a home with support services provided through the waiver program.
 - Application form that includes:
 - Caseworker name
 - Contact phone
 - Contemporaneous documentation that includes:
 - Brief case summary (250 words or less) that includes a determination by Adult Protective Services that the applicant is not at risk for harm based on current information by remaining in the home with support services provided through Waiver programs.

Request for Emergency Consideration for Home and Community Based Waiver Documentation Requirements

- *Office of Children's Services (child protective services) referral*
 - **Appropriate Referral Defined:**
 - Intake related to abuse and neglect of a minor that is within previous 30 days **and**
 - applicant is not in a safe living environment with adequate supports, or in a hospital, nursing home, ICF/MR, psychiatric facility, or correctional facility **and**
 - applicant is not at risk for harm by remaining in a home with support services provided through the waiver program.
 - **Application form that includes:**
 - Caseworker name
 - Contact phone
 - **Contemporaneous documentation that includes:**
Brief case summary (250 words or less) that includes a determination by Office of Children's Services that the applicant is not at risk for harm based on current information by remaining in the home with support services provided through Waiver programs.